DSO
Disability Services Office

215 Stratton Admin Center
Kutztown University of PA
www.kutztown.edu/DSO
DSO@kutztown.edu
Voice: 610-683-4108
TDD: 610-683-4499
FAX: 610-683-1520

Consent to Release Confidential Information: Food/Environmental Allergies

Student Name_____

Student ID#_____

- I give my consent to the Disability Services Office (DSO) to disclose information from my DSO Student record to the Kutztown University Nutritionist and/or KU Dining Services for review.

- I understand that I am required to meet with the KU Nutritionist and/or KU Dining Services regarding any accommodation requests related to dining services, such as a request for a residence hall assignment with a kitchen. I understand that the KU Nutritionist and/or KU Dining Services staff will send me an email via my KU email address to schedule a meeting to review my dining accommodation needs and to determine dining-related accommodations. All information released will be handled confidentially. Federal regulation prohibits any further disclosure of this information without the specific written consent of the person to whom it pertains or that, which is otherwise permitted by such regulation.

- I understand that KU Dining's determination regarding dining accommodations will be relayed to the DSO and will be included within my DSO student record.

- I understand that the information to be disclosed is: Disability Documentation related to food and/or environmental allergies

- I understand that I have no obligation to disclose any information from my confidential records. I further understand that I may revoke this consent at any time (except to the extent that action has been taken in reliance thereon) by written notification.

- All information released will be handled confidentially. Federal regulation prohibits any further disclosure of this information without the specific written consent of the person to whom it pertains or that, which is otherwise permitted by such regulation.

- I understand that my authorization shall remain in effect until college graduation or termination.

- I permit a copy of this authorization to be used in lieu of the original.

- I have read this form and understand its contents / I had this form read and explained to me, and I understand its contents.

_____   _____
Date   Signature of Client

_____   _____
Date   Signature of Witness